

EST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | DT | | 7-26-99 |
| O.L.P.E. CLASSIFIER | | 59 | 730 |
| FORMALITY REVIEW | | 105955 | 8/12 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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